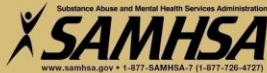


Behavioral Health is Essential To Health

Prevention Works

Treatment is Effective

People Recover



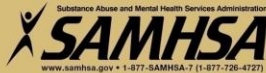
Evaluation 101

SAMHSA PBHCI National Grantee Meeting
June 4- 7, 2017 • Austin, TX



Disclaimer

The views, opinions, and content expressed in this presentation do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services (CMHS), the Substance Abuse and Mental Health Services Administration (SAMHSA), the Health Resources and Services Administration (HRSA), or the U.S. Department of Health and Human Services (HHS).



Evaluation 101

Part I – Moving Toward Outcomes



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Functions of SAMHSA's Performance Accountability & Reporting System

For CMHS:
"to conduct performance
management"

For Grantees:
"to manage programs
on a continual basis"

SPARS



Functions of SAMHSA's Performance Accountability & Reporting System

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SPARS

SPARS works
well for CMHS!!



Functions of SAMHSA's Performance Accountability & Reporting System

For CMHS:
"to conduct performance management"

For Grantees:
"to manage programs on a continual basis"

SPARS

SPARS works well for CMHS!!

- ✓ Centralized repository of data provided by federally funded grantees
- ✓ Provides the vehicle for meeting the needs of federal cross-site evaluation
- ✓ Builds a National Data Bank of health information for person's with a Serious Mental Illness



SAMHSA's Performance Accountability & Reporting System

Benefits for Grantees:

- ✓ **Grantees can download *their own data*?!?!?**
 - Provides confirmation that data has been received
- ✓ **SPARS allows comparison with other PBHCI grantees.**
- ✓ **SPARS offers a variety of "canned reports" to assist grantees with program management.**
 - Some interactive-flexibility of report content

Limitations for Grantees:

- ✓ Data download is cumbersome and code driven.
- ✓ Limited to required data elements.
 - SPARS isn't sensitive to short term change or grantee specific process and outcome measures
- ✓ Fails to adequately inform practice.
 - On a Macro Level: SPARS was not designed to explore factors that may be promoting and/or inhibiting change,
 - On a Micro Level: Not designed to identify participants who are doing exceptionally well or those who may be in need of additional attention and/or a change of service plan.



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Functions of SAMHSA's Performance Accountability & Reporting System

SPARS Works Well for CMHS:
“to conduct performance management”

For Grantees:
“to manage programs
on a continual basis”

SPARS

...Just maybe not so well for grantees to do their job.



SAMHSA's Performance Accountability & Reporting System

Bottom Line:

**SPARS is probably not the best tool
for grantees to
*“manage programs on a continual
basis”***



SAMHSA's Performance Accountability & Reporting System

So now what???



SAMHSA's Performance Accountability & Reporting System



*Reclaim &
Utilize
YOUR
DATA!!!*



RECLAIMING and UTILIZING DATA Example I - Enrolled and Active Project Participants

Internal data/quality management systems can:

✓ *Help monitor process implementation and change over time*

➤ **To hit a target, “Track ‘n Trend” your progress over time.**

❖ *Example I - Enrolled and Active Project Participants,*

• **Steps:**

1. *Download your data from SPARS – Save in Excel Table*
2. *Use Microsoft Access to select Target Data Fields*
 - a. *Enrolled and Discharged Participant Dates*
 - i. *Export Access table to SPSS*
3. *Run Enrollment and Discharge Counts by Month/Year in SPSS*
 - a. *Export SPSS tables to Excel*
 - b. *By Month/Year: Enrollments - Discharges = Active*
4. *Produce Excel Chart*



RECLAIMING and UTILIZING DATA

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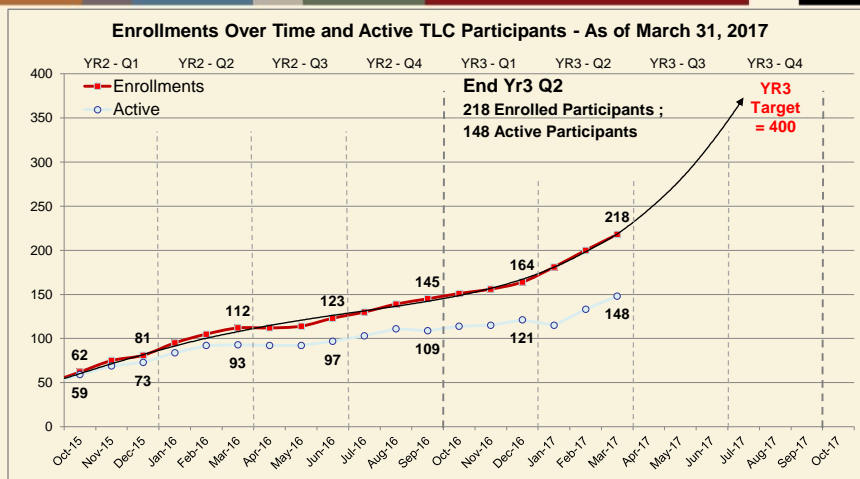
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RECLAIMING and UTILIZING DATA

Example I – “Track ‘n Trend Progress Over Time”



Reclaiming and Utilizing Data

Example II - Male vs Female Project Participants

Internal data/quality management systems can:

- ✓ *Help monitor subpopulations and compare outcomes*

❖ *Example II - Health Status of Male vs Female Project Participants.*

- **Steps:**

1. *Download your data from SPARS – Save in Excel Table*
2. *Use Microsoft Access to select Target Data Fields*
 - a. *Sex*
 - b. *Section H Physical Health & Blood Work Measures*
 - c. *Export Access table to SPSS*
3. *In SPSS Run*
 - a. *Male/Female counts*
 - b. *Descriptive statistics for Section H Measures BY SEX*
 - c. *Independent Samples T-Test*



Reclaiming and Utilizing Data

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Reclaiming and Utilizing Data

Example II - Male vs Female Project Participants

Health Indicators Active Participants	Males	Females
	Mean Score (Standard Deviation)	Mean Score (Standard Deviation)
Systolic BP Risk ≥ 130 At Risk	130.4 (15.3) Range= 110-152	123.4 (10.4) Range= 104-142
Diastolic BP ≥ 85 At Risk	83.6 (5.7) Range= 76-90	73.6 (10.5) Range= 60-100
BMI Risk ≥ 25 At Risk	34.9 (6.8) Range= 26-43	31.8 (8.1) Range= 17-49
HgbA1c ≥ 5.7 At Risk	6.6 (.91) Range= 5.3-7.6	7.5 (3.2) Range= 5.5-12.6
HDL Cholesterol < 40 At Risk	33.8 (7.8) Range= 25-45	56.3 (12.7) Range= 30-69
LDL Cholesterol ≥ 130 At Risk	89.6 (25.7) Range= 60-125	98.4 (21.3) Range= 55-125
Triglycerides ≥ 150 At Risk	195.8 (62.1) Range= 97-255	149.0 (57.9) Range= 60-228

**** Statistically significant difference between males and females at the .05 level.**

Reclaiming and Utilizing Data

Example III – Outcomes: Changes in Overall Health

Internal data/quality management systems can:

- ✓ *Help reinforce the participant's and grantee's change efforts through the identification of incremental changes that are moving in the direction of desired outcomes*
- **To achieve improved outcomes: acknowledge incremental change, celebrate success and target improvement efforts**
 - ❖ *Example III: Change in "Overall Health" (NOMS).*
 - **SPARS Report: Uses a narrow definition of Improvement**
 - *Definition of Improvement restricted to categorical movement from (Poor, Fair) to (Good, Very Good or Excellent)*
 - **From a national (federal) perspective, this definition may be valuable...**
 - *But from a grantee and project participants perspective, this definition just doesn't make any sense*
 - **Misleading, ignores valuable information and discouraging!!!**

Reclaiming and Utilizing Data

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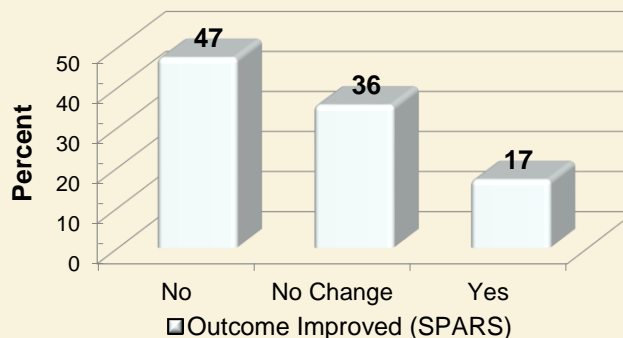
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Reclaiming and Utilizing Data

Example III – Outcomes: Changes in Overall Health

Improved Health



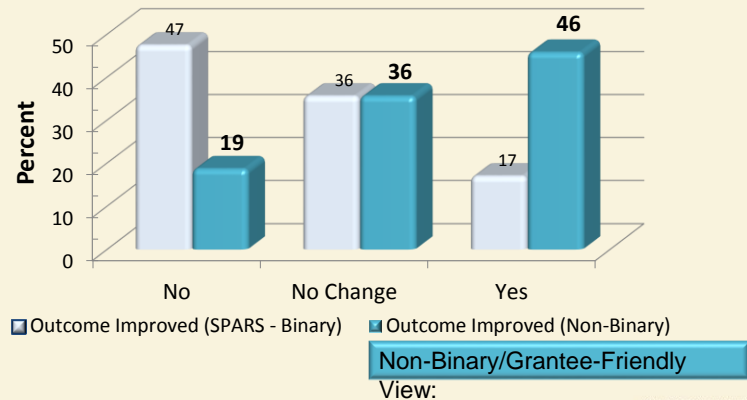
"Yes" limited to change in binary group (poor/fair) to (good/very good/excellent)
 Examples of "No" Improved Health: Poor – Fair, Good – Very Good,
 Good – Excellent



Reclaiming and Utilizing Data

Example III – Outcomes: Changes in Overall Health

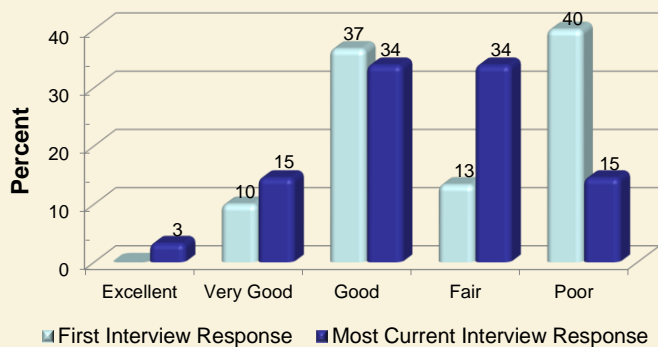
Improved Health



Reclaiming and Utilizing Data

Example III – Outcomes: Changes in Overall Health

Self-Reported Overall Health



Identify IDs of those project participants reporting "Poor" health with "No Change" between Baseline and Most Recent Interview - **Review/modify Care-Plan**; Identify IDs of those project participants reporting Positive Change – **Celebrate Success!!!**



Reclaiming and Utilizing Data

Example IV – Outcomes: Changes in Socially Connected

Internal data/quality management systems can:

- ✓ *Inform practice through a better understanding of factors which may be promoting and/or inhibiting desired change,*
- **To achieve improved outcomes: drill down to relative strengths and weaknesses**
 - ❖ *Example IV: Change in Reported "Social Connectedness" (NOMS).*
 - **SPARS Report relies on a numerical 5-point scale with "Positive Score" being defined as mathematical average >3.5**
 - *Simple straightforward count and percent calculation.*



Reclaiming and Utilizing Data

Example IV – Outcomes: Changes in Socially Connected

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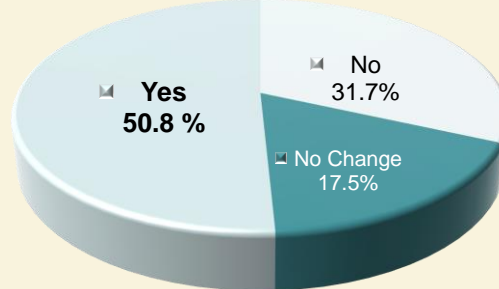
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Reclaiming and Utilizing Data

Example IV – Outcomes: Changes in Socially Connected

Improved Feeling of Being Socially Connected Between 1st and Most Recent Interview



5-point rating scale: 1 low - 5 high

1st Interview Average Score = 3.4; Most Recent Interview Average Score = 3.6



Reclaiming and Utilizing Data

Example IV – Outcomes: Changes in Socially Connected

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- **To achieve improved outcomes: drill down to relative strengths and weaknesses**
 - ❖ *Example IV: Change in Reported “Social Connectedness” (NOMS).*
 - **While the finding of “50.8% Outcome Improved” in the SPARS Report may be accurate, does it adequately inform practice???**



“What does 50.8% outcome improved look like?” and “Where do we go from here?”

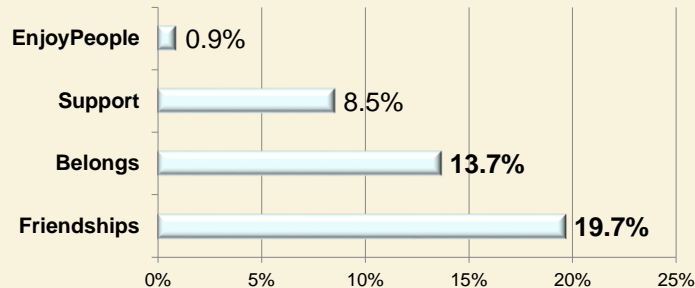


Reclaiming and Utilizing Data

Example IV – Outcomes: Changes in Socially Connected

Improved Social Connectedness Subscales

Average Percent Increase: 1st and Most Recent Interview



MAKE IT YOUR PROGRAM!

- **After the projects funding ends, SPARS ends, but...**
 - ❖ *The need for primary care services for adult persons with a Serious Mental Illness does not, and*
 - ❖ *The data/quality management tools developed for the PBHCI project will stay with the project to facilitate continued growth and sustainability!!*



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Whether you use a skilled internal or external evaluator...

**USE YOUR DATA and
ENGAGE IN THE
PROCESS**



Michael Funk, MSW, M.ED
Program Design & Evaluation Services

MHFunkConsulting@gmail.com





Clean up your data

Sarah Van Hala

sarah.vanhala@gmail.com

Overview

- Collection
- Entry
- Validation

Collection

- Train everyone who completed the NOMs
- Phone trainings – usually take less than one hour
- Provide training manual that contains the Q by Q guide
- Serve as a resource for any questions



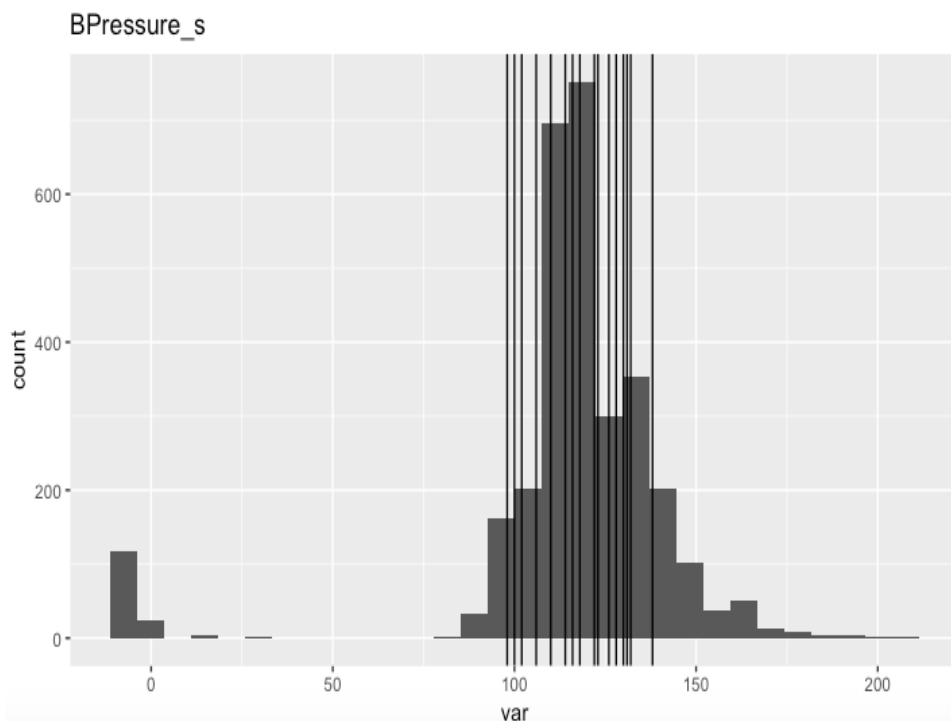
Data Entry into SPARS

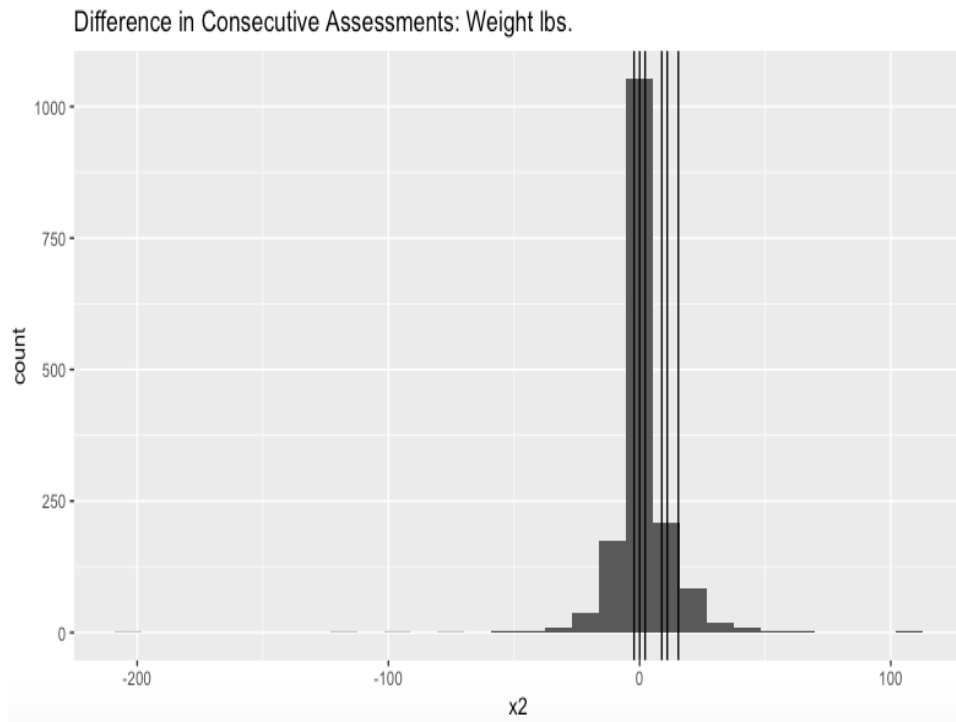
- One person enters all NOMs into SPARS
- All changes go through this person



Data Validation

- The data is downloaded from SPARS weekly and checked using R
- The data is checked against distributions from a sister program
- Follow-up data is compared to previous data to check for large changes
- Questions are forwarded to the Evaluation Coordinator who checks with the program





How you can do this

Instructions for downloading R

Running the reports

- Enter file path of data to check
- Enter file path of data for the distribution check or the mean and standard deviation



Demonstration



Questions?

